

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	LW	68904	3/9/00
O.I.P.E. CLASSIFIER		69853 <sup>10</sup>	3-14-00
FORMALITY REVIEW			3/10/00
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected  
 = ..... Allowed  
 - (Through numeral)... Canceled  
 + ..... Restricted  
 N ..... Non-elected  
 I ..... Interference  
 A ..... Appeal  
 O ..... Objected

Claim	Final	Original	Date
1	1	1	12/14/00
2	2	2	12/14/00
3	3	3	12/14/00
4	4	4	12/14/00
5	5	5	12/14/00
6	6	6	12/14/00
7	7	7	12/14/00
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50	50	50	12/14/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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